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Ending COVID-19 as a Public Health Threat

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The COVID-19 pandemic has had a significant impact on societies and economies worldwide since its declaration as a global pandemic by the World Health Organization on March 11, 2020. Since then, the COVID-19 pandemic has contributed to more than an estimated twenty million deaths worldwide and morbidity among hundreds of millions of more people through acute and chronic respiratory, gastrointestinal, psychosocial, metabolic and other symptoms. The disruption caused by the pandemic has also led to long-lasting negative effects, affecting societies as a whole and individuals.

Despite considerable scientific and medical advances and the implementation of strong measures, such as confinement, the COVID-19 pandemic persists as a major threat to population health, continuing to burden health systems and economies worldwide.

The development of safe and effective vaccines changed the course of the pandemic by effectively preventing serious symptoms and death among most people fully vaccinated. A vaccines-plus approach to the pandemic, which combines the expanded use of vaccination with non-pharmaceutical interventions, such as the use of facemasks, physical distancing, adequate and air filtration and ventilation, can save millions of lives and end COVID-19 as a public health threat. Nevertheless, vaccine hesitancy remains as a substantial obstacle to reducing the burden of COVID-19 infections.

The scientific research community worldwide is working to determine the best practices to end COVID-19 pandemic as a public health threat by intensely studying the multidisciplinary aspects of the pandemic, and ultimately advising health system decisionmakers, governments and other key stakeholders in the effective management of COVID-19 pandemic responses.

A large multidisciplinary, global consensus study (*Nature,* Nov 2022) was carried out to determine how best to end COVID-19 as a public health threat, ultimately agreeing on 41 consensus statements and 57 recommendations to governments, health authorities, industry and other stake holders on communication; health systems; vaccination; prevention; treatment and care; and inequities. Notably, the three highest-ranked recommendations call for whole-of-society and whole-of-government approaches to respond to the COVID-19 pandemic, in combination with prevention measures using a vaccines-plus approach employing a range of public health and financial support measures to complement vaccination.

In the last three years, the public health community has been dedicated to combatting the COVID-19 pandemic and the impact of vaccine hesitancy. For instance, the patterns and factors contributing to COVID-19 vaccine hesitancy worldwide have been analyzed via three surveys in 23 countries representing more than half of the world's population (*Nat Med*, Feb 2021; *Nat Commun*, Jul 2022; *Nat Med,* Jan 2023). By identifying and understanding the root causes of vaccine hesitancy, informed advice on the effective management of COVID-19 pandemic responses can be provided to health system decisionmakers, governments and other key stakeholders.

The first of the three surveys was carried in 2020, before the development of vaccines against COVID-19, and included 13,426 respondents in 19 countries (*Nat Med,* Feb 2021). Two surveys were performed after vaccines development, in 2021 and 2022, respectively (*Nat Commun,* Jul 2022 & *Nat Med,* Jan 2023), where growing hesitancy was reported in 8 of 23 countries from 2021-2022 but overall, vaccine hesitancy declined among all participants.

As the pandemic continues to evolve and variants of concern circulate, the assessment of global vaccine hesitancy is crucial. Future research should examine COVID-19 vaccine uptake and hesitancy at a crucial time in the pandemic, in which booster dose uptake has stagnated, and COVID-19 cases are high and increasing in some settings. Research must aim to keep informing public health responses and guide efforts to end the COVID-19 pandemic as quickly and effectively as possible.

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